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SECRETARY OF STATE
AHASSEE, FLORID

T. CLINE
MAR - 4 2010
EXAMINER

. COVER LETTER

то:	Registration Se Division of Cor				
SUBJE	·CT·	NG-ET	Optimizer LLC		
3020			ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		Su	zanne M. Biddiscombe		
			Name of Person		
		Firm/Company			
		500 SE Mizner Blvd. A-311			
		Boca Raton, FL 33432			201 SE
			City/State and Zip Code		O HA
		Suz E-mail address: (anne4sure@yahoo.com to be used for future annual report no	tification)	2010 HAR -3 SECRETARY
For fur	ther information c	oncerning this matter, please	call:		FE FL
		e M. Biddiscombe	at (678)	794-5657	AM IN 50 OF STATE E. FLORIDA
	Name o	r Person	Area Code & Dayi	inte Telephone Number	
Enclose	ed is a check for the	he following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NG-ET Opti (Name of the Limited Liability Compa- (A Florida Limited L	mizer LLC ny as it now appears on our records.)	
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document numberL08000115683		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Biomedical De		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	500 SE Mizner Blvd. A-311	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	As 23
Enter new mailing address, if applicable:	500 SE Mizner Blvd. A-311	FIL E
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	, Florida _	7: 0 - 1
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> <u>Name</u> Title Dr. Jimmie Spraker Jr MGR ✓ Add 137 Noonkester Drive Remove Mount Airy, N.C. 27030____ ☐ Add Remove ☐ Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 4 2010 Dated _ Signature of a member or authorized representative of a member Suzanne M. Biddiscombe

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00